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S. ROBERTS
DEC 1 3 2021

## COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	Summit Publishing Group, LLC				
		Name of Limited Liability Company			
EXISIE	ice, and check are submitted to registe	ed Liability Company for Authorization to Transact Business in Florida," Certificate of r the above referenced foreign limited liability company to transact business in Florida.			
Picase	return all correspondence concerning	this matter to the following:			
	Albert L. Kelley				
		Name of Person			
Albert L. Kelley, P.A.					
		Firm/Company			
Address Key West, FL 33040					
	keywestlaw@gmail.com				
	E-mail add	dress: (to be used for future annual report notification)			
For furt	her information concerning this matte	r, please call:			
Albert Kelley		305 296-0160			
	Name of Contact Po				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee			
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
		amount: RIDA DEPARTMENT OF STATE  Divide Filing Fee & Status Status Certificate Copy  Of Status & Certified Copy  Of Status & Certified Copy			

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Summit Publishing Gro						
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Compar	y," "L.L.C.," or "LLC.")			
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lorida. The alternate of	ame must include "Limited Liabil	lity Company," "I	1C," or	"LLC.")
Delaware		83-3444435 3.				
2. (Jurisdiction under the law of which foreign limited liability company is organized)		<i></i>	(IEI number.	r, if applicable)		
4						
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) inc penalty liability)				
1107 Key Plaza #223 5. (Street Address of Principal Office)		6. <u>1107</u> k	Ley Plaza #223			
(Street Address of Principal Office)		(8)	lailing Address)			
Key West, FL 33040		Key W	est, FL 33040			
				<u> </u>		_
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT accepta	ble)	Cae a ALLA	1 DEC	*12 9*1 1 1
Name:	Albert I Kelley			HASSE	13 A	
Office Address:	926 Truman Ave				AM 11: 58	
	Key West		33040 , Florida	— —	ð	
	(Cny)		(Zip code)			

## Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Joseph Grubb Name: William Kaitz □ Manager Manager 1709 George St. Address: 930 Lake Dr. ☐ Member Member Key West, FL 33040 Amold, MD 21012 **■**Authorized □ Authorized Person Person Other Other\_\_\_ Other\_ Other\_\_\_\_ □Manager □ Manager □Member Address: ☐ Member Address: \_\_\_ ☐ Authorized □ Authorized Person Person Other □Other\_\_\_\_ Other □Other\_\_\_\_ □Manager Name: □ Manager Name: \_\_\_\_\_\_ □Member Address: ☐ Member Address: \_\_\_\_\_ □ Authorized □ Authorized Person Person ☐ Other □Other\_\_\_\_\_ □Other \_\_\_\_ □ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person Joseph Grubb

Typed or printed name of signee

Delaware
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SUMMIT PUBLISHING GROUP, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2021.



Jeffray VA Shalbock, Showshey of State

Authentication: 204729121